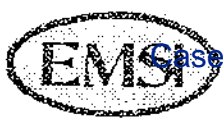


EXHIBIT A

2nd RECORDS REQUEST

RETURN FAX#: (888) 870-7244

NAME: DONNA MATHEWS
SSN: [REDACTED]
DOB: [REDACTED]
STATE: CA

INSURANCE
BENEFITS
PENDING

COMPANY: PAN AMERICAN DISABILITY CLAIMS
ACCT#: 010465
POLICY#: 0012577580

FACILITY: STEVEN SMITH MD
ADDRESS: 4706 HOEN AVENUE
CITY/ST: SANTA ROSA, CA 95405
PH#: (707) 575-3728

REQUESTER:
U/W TEAM:

SPECIAL INSTRUCTIONS: PLEASE RETURN THIS FORM WITH RECORDS

Received

MAY 23 2006

Policy Benefits
Division

RETURN TO: P.O. BOX 2505
TEAM: 9

WACO TX 76702-2505
PHONE: (800) 367-0741

These documents may contain confidential health information that is privileged and legally protected from disclosure by federal law including the Health Insurance Portability and Accountability Act (HIPAA). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this correspondence is strictly prohibited. If you have received this information in error, please notify the sender immediately and destroy these documents.